

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-012085

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 255 Primary Registration District No. 4387 Registrar's No. 3

FILED FEB 23 1962

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Oregon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Alton		c. CITY OR TOWN Alton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Sadie Delphia McFry		4. DATE OF DEATH Month Day Year Jan. 25 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/4/1883
9. AGE (last birthday) 78		10. BIRTHPLACE (City and state or country) Mulberry Kansas	
11. CITIZEN OF WHAT COUNTRY U. S. A.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Benjamin Goode		13b. MOTHER'S MAIDEN NAME Mary Hilton	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Frankie Taylor	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia-- G.I. Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Glomerulonephritis		2 yrs.	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) Irreversible anemia due to uremia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov. 1961 to 1/25/62 and last saw her alive on 1/24/62		Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE M. L. Fowler, M.D.		22b. ADDRESS West Plains, Missouri	
22c. DATE SIGNED 2-7-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/28/62	23c. NAME OF CEMETERY OR CREMATORY Smith Cemetery	23d. LOCATION (City, town, or county) (State) Alton Missouri
24. FUNERAL DIRECTOR John Clary	ADDRESS Alton, Missouri	25. DATE RECD. BY LOCAL REG. Feb 7-62	26. REGISTRAR'S SIGNATURE M. W. C. Johnson

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.